

**TENANT RELEASE AND CONSENT**

I/We \_\_\_\_\_, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to **SJS NCBA Estates No.1 Limited Partnership** (Owner or Agent) for purposes of verifying information on my/our apartment rental application.

**INFORMATION COVERED**

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity; employment, income, and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

The groups or individuals that may be asked to release the above information include, but are not limited to:

- |                                                        |                                  |                                        |
|--------------------------------------------------------|----------------------------------|----------------------------------------|
| Past and Present Employers                             | Welfare Agencies                 | Veterans Administration                |
| Previous Landlords (including Public Housing Agencies) | State Unemployment Agencies      | Retirement System                      |
| Support and Alimony Providers                          | Social Security Administration   | Banks and other Financial Institutions |
|                                                        | Medical and Child Care Providers |                                        |

**CONDITIONS**

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we have a right to review this file and correct any information that is incorrect.

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*SIGNATURES*

\_\_\_\_\_  
Applicant/Resident (Print Name) Date

\_\_\_\_\_  
Co-Applicant/Resident (Print Name) Date

